

UNITED STATES BANKRUPTCY COURT  
Southern District of New York

## PROOF OF CLAIM

EXHIBIT

tables:

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Name of Debtor Delphi Corporation	Case Number 05-44481
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Port City Castings Corp, affiliate of Port City Die Cast, Inc.

Name and Address where notices should be sent:

Port City Castings Corp  
c/o Parmenter O'Toole  
601 Terrace Street  
Muskegon MI 49443-0786

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  
 Check box if you have never received any notices from the bankruptcy court in this case.  
 Check box if the address differs from the address on the envelope sent to you by the court.

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Telephone Number:  
Last four digits of account or other number by which creditor identifies debtor: Delphi

Check here if  replaces this claim  amends a previously filed claim, dated: \_\_\_\_\_

## 1. Basis for Claim

Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other

Retiree benefits as defined in 11 U.S.C. §1114(a)  
 Wages, salaries, and compensation (fill out below)  
 Last four digits of SS your #: \_\_\_\_\_  
 Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

2. Date debt was incurred: 7/20/05 -- 10/8/05

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

## Unsecured Nonpriority Claim \$ \_\_\_\_\_

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff).

## Brief Description of Collateral:

Real Estate  Motor Vehicle  Other Tools \_\_\_\_\_

Value of Collateral: \$ 295,330.00

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 0.00

Up to \$ 2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 100,551.70  
 (unsecured) (secured) (priority) (Total) 100,551.70

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

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Date  
7/27/06

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): *John J. Kline (P41932) Attorney*

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.